

## 2014 AQUATICS

P.O. Box 18224 ~ Shreveport, LA 71138 <u>www.rocksolidsports.com</u> ~ 318.402.7242 <u>LESSONS FOR SOUTHERN HILLS</u>

## Child's Information

Name	D.O.B	Se	2X
Parent's Information			
Name			
Address Home Phone () Email	City Work Pho		
<u>Ple</u>	ase Select Time, A	ge Group &	R Session:
<u>Age Group</u>		Session Time	
6 Months-2 Years With Parents		8:00AM-8:50AM	
3 Years With Parents		9:00AM-9:50AM	
3 Years Without Parents		7:00PM-7:50PM	
4-6 Years Old			
7-12 Year Olds			
Adult (13 Years +)			
Available Sessions		<u>Price</u>	
Session 1: June 3-6, Jun	ne 10-13	(\$80)	All sessions are Monday-Thursday
Session 2: June 17-20,	June 24-27	(\$80)	with makeup times on Friday!!!
Session 3: July 1-3, July	18-10 (6 ses·)*	(\$60)	For private lessons call
Session 4: July 15-18, Ju	uly 22-25	(\$80)	318-402-7242 \$30/45 min
Session 5: July 29-Aug 1	, Aug 5-8	(\$80)	
authorize the staff and volunteers of Rock Sounderstand that Rock Solid carries no medical dental treatment resulting from participation participating in the Rock Solid programs at his related activities. I hereby fully and forever expenses the staff of the staff o	olid to act for me according to al, dental or accident insuran in any Rock Solid, SPAR or C is/her risk. I agree to assum exonerate and discharge Roc	o their best judg ice on participant alvary Programs. e full responsibil k Solid, it's staff	ny permission to participate in Rock Solid Aquatics. I hereby ment in any emergency requiring medical attention. I ts and I agree to assume full responsibility for any medical or I understand and agree that the above named is voluntarily ity for any damages or injuries to him/her in this program and , volunteers, directors, officers and agents from any and all pated or unanticipated, resulting from or arising out of
PARENT/GUARDIAN			 DATE